

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-044433

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

ST-29596

Registration District No.

1003

Registrar's No.

10511

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

ST LOUIS, MISSOURI

Length of stay in 1b

20 DAYS

c. FULL NAME OF (If NOT in hospital, give location)

VET. ADM. HOSPITAL

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY

c. CITY OR TOWN St. Louis

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

3855A Labadie

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

ANTHONY

Last

JOHNSON

4. DATE OF DEATH

October 31 1962

5. SEX

Male

6. COLOR OR RACE

Negro

7. Married ☒Widowed ☐

8. DATE OF BIRTH

7/27/1900

9. AGE (last birthday)

62

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Auto Body Man

10b. KIND OF BUSINESS OR INDUSTRY

Fisher Body Co.

11. BIRTHPLACE (City and state or country)

Nerouee; Louisiana

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Willie Johnson

13b. MOTHER'S MAIDEN NAME

Lillie Brown

14. NAME OF HUSBAND OR WIFE

Mary Johnson (Wife)

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

YES WW-II

17. INFORMANT

Mary Johnson (Wife) See #2

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Uremia

DUE TO (b)

Hypertension

DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

VA

20f. CITY, TOWN, OR LOCATION

VAH, ST. LOUIS, MO.

COUNTY

St. Louis Co., Mo.

STATE

Mo.

21. Attended the deceased from 10/11/62 to 10/31/62 and last saw him alive on 10/31/62

Death occurred at 3:55 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Paul Beck

(Degree or title)

M.D.

22b. ADDRESS

VAH, ST. LOUIS, MO.

22c. DATE SIGNED

11/1/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

11-6-1962

23c. NAME OF CEMETERY OR CREMATORY

National Cemetery

23d. LOCATION (City, town, or county)

St. Louis Co., Mo.

(State)

Mo.

24. FUNERAL DIRECTOR

J. Mc Clendon

ADDRESS

4535 Washington

25. DATE RECD. BY LOCAL REG.

11-2-1962

26. REGISTRAR'S SIGNATURE

Road Smith, M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBONVS 300
Rev. 4/59

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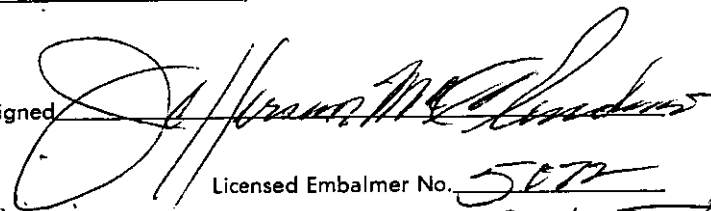
83

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed



Licensed Embalmer No. 5072

P. O. Address 4535 Washington

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.